

LAWRENCE COUNTY HEALTH DEPARTMENT

2419 Mitchell Rd., Bedford, IN 47421
ph. (812) 275-3234 fax (812) 275-1094
www.lawrencecountyin.com

REQUEST FOR RELEASE OF INFORMATION

Please complete as much of the following information as you can to enable us to locate the necessary document you are requesting.

Today's date _____

Your Printed Name _____

Your Signature _____

Address & Telephone No. _____

Email: _____

Agency you are representing _____
(If applicable)

Reason for your request (optional) _____

Type of record you are requesting: Complaint Investigation Report
 Correspondence Permit/Application
 Inspection Report Other _____

Please give the name of the establishment or name listed on the record you are seeking

Please list the address of the establishment or property for which you are seeking information

Please list the approximate date of the action for which you are seeking information

How would you prefer to receive this information? (Please circle one)

Pick up in person

Email

FAX (local **or** toll free **only**
long distance fax charge - \$2.00)

According to The Access to Public Records Act (Act), if an individual makes a request for information in person, by telephone or email, the public agency must respond within 24 hours of receipt of the request. If an individual makes a request for information by mail or facsimile, the public agency must respond within 7 calendar days of receipt of the request. The Act requires only a response, and not the actual production of records, within a specified time period.